



Summer Cyclers 2010

Date ____/____/____ **COURSE REGISTRATION**

Course Location: Parks and Recreation Summer Camps 2010

Instructor Name: _____

Name of Child (age) _____

Name of Parent/Guardian _____

Street Address _____

City, State and Zip _____

Phone (_____) _____

E-mail _____@_____

- Please tell us what you hope your child will learn from this course.

- How did you hear about this course?

RELEASE: SIGNATURE REQUIRED: HELMETS ARE REQUIRED.

I am aware of the risk of bicycling and otherwise participating in this event and voluntarily assume such risk. In consideration of being permitted to participate in this event: 1. I release for myself, my heirs, and personal representatives, the League of American Bicyclists, Inc., and the respective directors, officers, volunteers, instructors, and staff (Indemnities) from any claim, liability, demand, action, and cause of action whatsoever (collectively, "Claim") arising out of or related to any loss, damage or injury (collectively, "Loss"), to myself or my property, that I may sustain in connection with, or arising out of, this event; 2. If registrant is a minor, I (as parent or guardian) agree to indemnify and hold harmless each Indemnities against any claim for any Loss said minor may sustain in connection with or arising out of, this event, and against legal or other expenses incurred by any Indemnity in connection with defending any Claim by or on behalf of said minor for any such Loss; 3. I consent to emergency medical treatment for my child if he/she is injured; 4. I shall instruct my child to obey traffic laws and practice safety in bicycling; and 5. I agree to provide a CPSC approved helmet for my child on all bicycle-riding activities at this event.

Parent's Signature _____ **DATE** _____

